

Record of Movement Parthenium Weed Carrier

I,

Name of person responsible for carrier

pursuant to clause 95 of the Biosecurity Order (Permitted Activities) 2019 make the following record of movement:

a) Movement date

Leaving place of origin

b) Description of carrier

	Type	Make and model	Registration / Serial numbers
1.			
2.			
3.			

c) Origin of carrier

Address

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Suburb

State

Postcode

d) Destination of carrier

Property name

Address

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Suburb

State

Postcode

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Phone

Phone

Email

e) Mandatory requirements for movement of carrier into NSW

The carrier/s described in Part b) have been:

- a. cleaned in accordance with the conditions specified in Schedule 1 of the Biosecurity Order (Permitted Activities) 2019.

Declaration

I hereby declare that the mandatory requirements described in (e) have been met and the information contained in this record is true and accurate:

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Full name

Signature

Date

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Phone

Phone

Email

Present the completed form to an authorised officer at an approved facility at the time of inspection.

This information is collected by the collecting agency identified in this form in relation to its functions under the *Biosecurity Act 2015*. This agency/s and the NSW Department of Planning, Industry and Environment may use and disclose this information as reasonably necessary for the purpose of performing biosecurity risk functions under, or reasonably contemplated by, the *Biosecurity Act 2015*.